

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90197 018 ***150.00

DOCUMENT # P97000014294

1. Corporation Name

RECYCLED FASHIONS, INC.



Principal Place of Business

901 E 10TH ST
BAY 22
HIALEAH FL 33010
US

Mailing Address

901 E 10TH AVE
BAY 22
HIALEAH FL 33010
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

59-3434577

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GRADY, THOMAS R

3411 TAMiami TRAIL NORTH

SUITE 200

NAPLES FL 34103

34102

720 FIFTH AVE SO.

81 Name

Grady, Thomas R and associates

82 Street Address (P.O. Box Number is Not Acceptable)

720 Fifth Ave South Suite 200

83

84 City

Naples

FL

85 Zip Code

34102

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEARSON, CHRISTOPHER L
STREET ADDRESS 16123 VANDERBILT DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ DELETE

NAME PEARSON, LARRY R
STREET ADDRESS 4351 SANCTUARY WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE

NAME PEARSON, MICHELLE
STREET ADDRESS 16123 VANDERBILT DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 17099 NW 22nd St
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028

2.1 TITLE S/T/D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P/D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 17099 NW 22nd St
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

4.1 TITLE Vice President ☐ Change ☒ Addition

4.2 NAME Douglas S. Becker
4.3 STREET ADDRESS 7070 NW 179th St. Apt 202
4.4 CITY-ST-ZIP Hialeah, FL 33015

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99 (305) 883-4241

CR2E034 (1/98)